

JUN 14 2004

NOTICE OF APPEAL FROM THE EXAMINER TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number

25.0034

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on June 10, 2004.

Signature

Typed or

Printed Name Martin G. Linihan

In re Application of John K. Schneider et al.

Application Number 09/659,772

Filed September 11, 2000

For Left Hand Right Hand Invariant Dynamic Finger Positioning Guide

Group Art Unit 2623

Examiner S.A. Ahmed

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 330

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ \_\_\_\_\_

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-2442. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor

☐ assignee of record of the entire interest.

(See 37 CFR 3.71. Statement under 37

CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.

Registration number 24,926

☐ attorney or agent acting under 37 CFR 1.34(a)

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

Signature

Martin G. Linihan

Typed or printed name

(716) 848-1367

Telephone Number

June 10, 2004

Date

NOTE: Signatures of all the inventors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☐ Total of \_\_\_\_\_ forms are submitted.

RECEIVED

JUN 21 2004

Technology Center 2600

**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent Fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$330)	Application Number	09/659,772
		Filing Date	September 11, 2000
		First Named Inventor	John K. Schneider et al.
		Examiner Name	S.A. Ahmed
		Group/Art Unit	2623
		Attorney Docket Number	13325.0034

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☐ Deposit Account: Deposit Account Number: 08-2442  
Deposit Account Name: Hodgson Russ LLP

The Director is hereby authorized to (check all that apply)

☐ Charge fee(s) indicated below☒ Charge any fee deficiencies or credit any overpayments☐ Charge any additional fees during pendency of this application.☐ Charge fees indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**Large Entity Small Entity

Fee Code	Fee (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	\$
1002 340	2002 170	Design filing fee	\$
1003 530	2003 265	Plant filing fee	\$
1004 770	2004 385	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$
<b>SUBTOTAL (1)</b>			\$0

Fee Code	Fee (\$)	Fee Description	Fee Paid
1201 86	2201 43	Independent claims in excess of 3	\$
1203 290	2203 145	Multiple dependent claim if not paid	\$
1204 86	2204 43	**Reissue independent claims over original patent	\$
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent	\$
<b>SUBTOTAL (2)</b>			\$0

Fee Code	Fee (\$)	Fee Description	Fee Paid
1801 770	2801 385	Request For Continued Examination (RCE)	\$
1802 900	1802 900	Request for Expedited Examination of a design application	\$
Other fee (specify) _____			\$
<b>*Reduced by basic filing fee paid</b>			\$
<b>SUBTOTAL (3)</b>			\$330

Fee Code	Fee (\$)	Fee Description	Fee Paid
1809 770	2809 385	Filing a submission after final rejection(37 CFR 1.129(a))	\$
1810 770	2810 385	For each add'l invention to be examined(37 CFR 1.129(b))	\$
1801 770	2801 385	Request For Continued Examination (RCE)	\$
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